

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043981

6345

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED DEC 11 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City,

Length of stay in 1b
4 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Research Hospital K.C. Mo.

Inside Limits
No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson

c. CITY OR TOWN Overland Park,

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
7315 West 74th St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print) First Middle Last Charles Edward Henley

4. DATE OF DEATH Month Day Year Nov. 20, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2/20/1925

9. AGE (last birthday) 38

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Draftsman

10b. KIND OF BUSINESS OR INDUSTRY
Steel Co.

11. BIRTHPLACE (City and state or country)
St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Burl Henley

13b. MOTHER'S MAIDEN NAME

Neva Henley

14. NAME OF HUSBAND OR WIFE

Mrs. Jeanne M. Henley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes or unknown) (If yes, give war or dates of service)
Yes War #2

16. SOCIAL SECURITY NO.

War #2

17. INFORMANT

Mrs. Jeanne M. Henley, Kansas.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Agarandulocytosis due to Drug Reaction

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

pulmonary + retro-peritoneal metastases of 1. testis Seminoma

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1948 to 11-20-63 and last saw him alive on 11-20-63
Death occurred at 8:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Date or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATION

23d. LOCATION (City, town, or county)

(State)

Burial

11-23-63

Johnson Co. Mem. Gardens Johnson Co. Kansas.

24. FUNERAL DIRECTOR

D.W. Newcomer's Sons Kansas.

Address

Overland Park,

25. DATE RECD. BY LOCAL REG.

11-22-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF
C. Layton

VS 300
Rev. 4/59

1
2 8150
3
4 0
5 1
6
7 0
8 0
9 178X
10
11
12 64-0
13

Dr. Ira G. Layton - 316 Research med. office Bldg.
6400 Project
Em. 3-2288

12:00 - 4:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harold B. Ethernacht

Licensed Embalmer No. 3035

P. O. Address

Riverland, Kentucky

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.